



2011 Rambo Run Advance Registration Form

Name: _____ Unit _____ Rank _____

Address: _____

Phone: () _____ Emergency Contact: _____

Email: _____

____ Female ____ Male **Shirt Size** _____

Date Of Birth: _____ Age On 6/3/11 _____ Age Group _____ **Pd: Cash / Check (Check #)**

Release Of Liability

Data Required by the Privacy Act of 1974

Prescribing Directive: 10 USC 2733, 28 USC 2671-2680, AR 27-20

Authority Title 10 USC 3012. Principal Purpose: to release the United States Government, Department of the Army, Camp Atterbury, and the agents and employees thereof from any and all liability arising from or incident to participation in the Rambo Run.

Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Voluntary; however, information is not provided, participation in the Rambo Run may be denied

In consideration of the permission extended to me by Camp Atterbury Joint Maneuver Center ("CAJMTC") Morale, Welfare and Recreation ("MWR"), through its agents, to participate in the Rambo Run; I agree to release and hold harmless CAJMTC MWR, the United States Government, The United States Army, CAJMTC, the Indiana Army National Guard, the State of Indiana, Johnson County and the agents and employees thereof from any and all liability for personal injury, death, property damage or loss, or any other loss resulting from or arising out of my participation in the Rambo Run at Johnson County Park.

I also agree to release CAJMTC MWR, the United States, the United States Army, CAJMTC, the Indiana Army National Guard, the State of Indiana and Johnson County from any and all liabilities, claims, and causes of action, based on or arising from negligence or gross negligence on part of any of the aforementioned entities and/or their agents and employees.

I understand that if I do not participate in the Rambo Run or if the Rambo Run cannot be held because of circumstances beyond the control of the event organizers, any expenses incurred or entry fees paid by me to participate will not be refunded.

Signature: _____ Date: _____

Signature of parent or guardian if participant is under 18. _____

Please return this form with your check payable to: C.A. B.O.S.S

Mail to : Camp Atterbury P.O. Box 5000 Edinburgh, In 46124 Bld. 7 ATTN: SPC Morales

